## PLICATION FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

below named in centor, I hereby declare that:

My steepee post office address and citizenship are as stated below next to my name; that I verily believe I am the original, first and sole inventor (if only one name is listed below) et am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: A

<u>COMBINAT</u>	<u>ION C</u>	OF A PIECE OF BOD	<u>YWORK AND A LIGHT</u>	UNIT FO	FOR A MOTOR VEHICLE	
described and	l claim	ned in the specification	:			
Check one						
*a.		attached hereto.				
b		filed on	as Application No	-	and amended on (if applicable).	
I h	ereby	state that I have revie	wed and understand the	contents o	s of the above-identified specification, including the claims	, as
amended by	any am	nendment referred to ab	ove.			
I a	cknow	ledge the duty to disclo	ose to the Office all inform	mation kno	nown to me to be material to patentability as defined in Title	37,
Code of Fede	ral Re	gulations, §1.56.			·	

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

French Patent Application No. 0015932 filed December 7, 2000.

The following application(s) for patent or inventor's certificate on this invention were filed in countries for to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation; to application and to transact all business in the Patent Office:

> James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463; Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and Richard E. Rice, Reg. No. 31,560.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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	of Sole or Firs	t Inventor		Hugues	a		CHERON
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				Month		Day	Year
	Residence:	Bour	g Saint Chri	stophe			France
	Citizenship:	France	City		State or	Province	Country
	Po	Post Office Address:		88 Montee des Crozes,			
	(In add	sert complete i dress, including	mailing g country)	01800 Bourg	Saint Christo	ophe - France	

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

Inventor's Signature:  Date of Signature:  Residence:  Aromas  Residence:  Aromas  City  State or Province  Country  Typewritien Full Name of Joint Inventor  Post Office Address: (Insert complete mailing address, including country)  Typewritien Full Name of Joint Inventor  Typewritien Full Name of Signature:  Date of Signature:  Date of Signature:  Post Office Address: (Insert complete mailing address, including country)  Typewritien Full Name of Joint Inventor  Given Name  Middle Initial  Family Name  Residence:  Oyonnax  City  State or Province  Country  Typewritien Full Name of Joint Inventor  Bignature:  Date of Signature:  Post Office Address: (Insert complete mailing address, including country)  Typewritien Full Name of Joint Inventor  Residence:  City  State or Province  Country  Typewritien Full Name of Joint Inventor  Address: (Insert complete mailing address, including country)  Typewritien Full Name of Signature:  Date of Signature:  Date of Signature:  Date of Signature:  Office Address:  (Insert complete mailing address, including country)  Typewritien Full Name of Joint Inventor  Residence:  City  State or Province  Country  Country  Typewritien Full Name of Joint Inventor  Address:  (Insert complete mailing address, including country)  Typewritien Full Name of Joint Inventor  Post Office Address:  (Insert complete mailing address, including country)  Typewritien Full Name of Joint Inventor  Residence:  City  State or Province  Country  Country  State or Province  Country  Country	-	∽-Typèwritten Full Name	•			
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Residence: Aromas Month Day Year France  City State or Province Country  Citizenship: France  Post Office Address: (Insert complete mailing address, including country)  Typewritten Full Name of Joint Inventor  Inventor's Signature: Oyonnax France  Post Office Address: (City State or Province Country)  Typewritten Full Name of Joint Inventor  Residence: Oyonnax France  Post Office Address: (Insert complete mailing address, including country)  Typewritten Full Name of Joint Inventor  Residence: City State or Province  Country  Typewritten Full Name of Joint Inventor  City State or Province  City State or Province  Country  Typewritten Full Name of Joint Inventor  Inventor's Signature: Month Day Year  Residence: City State or Province Country  Typewritten Full Name of Joint Inventor  Inventor's Signature: Month Day Year  Residence: City State or Province Country  Typewritten Full Name of Joint Inventor  Inventor's Signature: Month Day Year  Residence: City State or Province Country  Post Office Address: (Insert complete mailing address, including country)  Typewritten Full Name of Joint Inventor  Post Office Address: (Insert complete mailing address, including country)  Post Office Address: (Insert complete mailing address, including country)  Post Office Address: (Insert complete mailing address, including country)  Post Office Address: (Insert complete mailing address, including country)  Post Office Address: (Insert complete mailing address, including country)	2	Inventor's Signature:		· (		
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Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3. 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the

application to which it pertains.